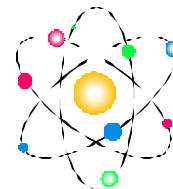




WPAFB RADIATION SAFETY OFFICE
88 ABW/EMB
Wright-Patterson AFB, OH 45433-5332
(DSN 787-2010, commercial 513-257-2010)



RADIATION PRODUCING DEVICE ANNUAL SURVEY REPORT

PERMITTEE: _____

WPAFB PERMIT NO.: _____

EXPIRATION DATE: _____

DEVICE POC: _____

DATE OF SURVEY: _____

PERFORMED BY: _____

REVIEWED BY: _____

SUMMARY:

_____ The device was found to be in compliance with rules and regulations of the FDA, USAF and WPAFB.

_____ The device was found to be in violation but corrective action was taken at the time of the audit. The following item(s) were corrected:

_____ The device was found to be in violation and the following item(s) need correction:

COMMENTS and/ or RECOMMENDATIONS:



WPAFB Radiation Safety Office

Device Owner/Operator: _____

WPAFB Permit Number: _____

1. Type of Device: _____

2. Device Identification:

a. Manufacturer: _____

b. Model Number: _____

c. Serial Number: _____

3. Survey Equipment Identification:

a. Manufacturer: _____

b. Model Number: _____

c. Serial Number: _____

d. Calibration Date: _____

Criteria	Yes	No	N/A
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4. General Safety Items:

a. Is an operators shield available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the shield adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are dosimeters required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Are dosimeters properly worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are dosimeters properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Frequency of exchange is _____			
(4) Have there been any results requiring an investigation during the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are radiation safety OIs available and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety devices available and operational?			
(1) Warning lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Warning alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Door Interlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Pre-exposure switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

comments



WPAFB Radiation Safety Office

Device Owner/Operator: _____ WPAFB Permit Number: _____

5. Area Drawing

Sketch Location	Radiation Level (mrem)	Comments